

**Dear APPLICANT:**

**This is an application package for EPA financial assistance programs.**

**A PDF read-only version, a Wordperfect version, and a Word version may be found on our website accessed at:**

**<http://www.epa.gov/gmpo/pubinfo/pigrants.html>**

**If you have any questions or need help in completing your application, please contact Esther Coblentz at the Gulf of Mexico Program Office (228) 688-1281.**

**Your completed original application and one copy should be mailed to:**

**Gulf of Mexico Program Office  
Mail Code: EPA/GMPO  
Stennis Space Center, MS 39529-6000**

**Attn: Esther Coblentz**

## **APPLICATION PACKAGE SUBMITTAL CHECKLIST**

**NOTE: Your Application should include the following attachments:**

1. **SF 424 - Application for Federal Assistance**  
**NOTE: Block 10: Catalog of Federal Domestic Assistance for the Gulf of Mexico Program is 66-475 titled "Gulf of Mexico Program"**  
  
**SF 424A - Budget Information (Non-construction Programs) including Object Class Categories Worksheet**  
  
**SF 424B - Assurances (Non-construction Programs)**  
  
**Key Contacts List**
2. **State Clearinghouse Points of Contact addresses (must submit to State Clearinghouse) see block 16 of SF 424 - attach copy of submittal letter**
3. **Quality Assurance Statement, if applicable**
4. **Certification Regarding Debarment and Suspension**
5. **Lobbying Certification and Disclosure Forms**
6. **Compliance Report**
7. **Disadvantaged Business Utilization Report (MBE/WBE)**
8. **Regulations and OMB Circulars**
9. **Current indirect cost rate negotiation agreement, if applicable**

**Note: Many of the OMB Standard Forms may also be accessed through their web site:**

<http://www.whitehouse.gov/WH/EOP/OMB/Grants/>



# **ATTACHMENT 1**

## **APPLICATION FORMS**

**SF 424, 424A AND 424B**

**BUDGET WORKSHEETS**

**KEY CONTACTS FORM**

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>			<b>2. DATE SUBMITTED</b>		Applicant Identifier	
<b>1. TYPE OF SUBMISSION</b>			<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
Application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>			Preapplication <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  Federal Identifier	
<b>5. APPLICANT INFORMATION</b>						
Legal Name:			Organizational Unit:			
Address (give city, county, state, and zip code):			Name and telephone number of the person to be contacted on matters involving this application (give area code)			
<b>6. EMPLOYER IDENTIFICATION (EIN):</b>  <div><div><div></div><div></div></div><div>-</div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>			<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter here) _____  A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal        M. Profit Organization G. Special District       N. Other (Specify): _____			
<b>8. TYPE OF APPLICATION:</b>  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <div><div></div><div></div></div> A. Increase Award            B. Decrease Award C. Increase Duration        D. Decrease Duration Other Specify: _____			<b>9. NAME OF FEDERAL AGENCY:</b>			
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  <div><div><div></div><div></div></div><div>----</div><div><div></div><div></div><div></div></div></div> TITLE: _____			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>			
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b>						
<b>13. PROPOSED PROJECT:</b>			<b>14. CONGRESSIONAL DISTRICT OF:</b>			
Start Date		End Date	a. Applicant		b. Project	
<b>15. Estimated Funding:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal		\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:  DATE _____  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant		\$				
c. State		\$				
d. Local		\$				
e. Other		\$				
f. Program Income		\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>			
g. TOTAL		\$	<input type="checkbox"/> YES    If "Yes" attach an explanation. <input type="checkbox"/> NO			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>						
a. Typed Name of Authorized Representative.			b. Title:		c. Telephone Number	
d. Signature of Authorized Representative					e. Date Signed	

# BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. TOTALS		\$	\$	\$	\$	\$

## SECTION B - BUDGET CATEGORIES

6. OBJECT CLASS CATEGORIES	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.		\$	\$	\$	\$	
9.						
10.						
11.						
12. TOTAL (sum of lines 8 and 11)		\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS						
13. Federal		(Total for 1stYear)	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
		\$	\$	\$	\$	\$
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)		\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (Years)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.		\$	\$	\$	\$	
17.						
18.						
19.						
20. TOTALS (sum of lines 16 - 19)		\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:			22. Indirect Charges:			
23. Remarks:						

## INSTRUCTIONS FOR THE SF 424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry:  | Item: | Entry:   |
|-------|---|-------|--|
| 1.    | Self-explanatory.   | 12.   | List only the largest political entities affected (e.g., State counties, cities).  |
| 2.    | Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).   | 13.   | Self explanatory.  |
| 3.    | State use only (if applicable).   | 14.   | List the applicant's Congressional District and any District(s) affected by the program or project.  |
| 4.    | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.   | 15.   | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5.    | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.  | 16.   | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.  |
| 6.    | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.   | 17.   | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.  |
| 7.    | Enter the appropriate letter in the space provided.   | 18.   | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)  |
| 8.    | Check appropriate box and enter appropriate letter(s) in the space(s) provided:<br><br>____ "New" means a new assistance award.<br>____ "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br>____ "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |       |  |
| 9.    | Name of Federal agency from which assistance is being requested with this application.  |       |  |
| 10.   | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.   |       |  |
| 11.   | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.   |       |  |



# INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collections of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

## General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which required Federal authorization in annual or other funding period increments. In the latter case, Section A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories show in Lines a - k of Section B.

## Section A. Budget Summary Lines 1 - 4, Columns (a) and (b)

For applications pertaining to a *single* federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

## Lines 1 - 4, Columns (c) through (g).

For *new* applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For *supplemental grants and changes to existing grants*, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

**Line 5** - Show the totals for all columns used.

## Section B. Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1 - 4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function, or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

**Lines 6a-i** - Show the totals of Lines 6 a to 6h in each column.

**Line 6j** - Show the amount of indirect cost.

**Line 6k** - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

## INSTRUCTIONS FOR THE SF-424A (continued)

**Line 7** - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

### Section C. Non-Federal-Resources

**Lines 8-11** - Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agency should leave this column blank.

**Column (d)** - Enter the amount of cash and in-kind contributions to be made from all other sources.

**Column (e)** - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

### Section D. Forecasted Cash Needs

**Line 13** - Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14** - Enter the amount of cash from all other sources needed by quarter during the first year.

**Line 15** - Enter the totals of amounts on Lines 13 and 14.

### Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

**Lines 16-19** - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20** - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

**Line 21** - Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

**Line 23** - Provide any other explanations or comments deemed necessary.

### Section F. Other Budget Information

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**Note:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of the project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 795), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age;
- (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provision of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a-7), the Copeland Act (40 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplain in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.)
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

## **APPLICATION FOR FEDERAL ASSISTANCE**

The following application forms prescribed by Office of Management and Budget's (OMB) grants management circular A-102 may be obtained via Internet (PDF read-only format) at:

<http://www.whitehouse.gov/WH/EOP/OMB/Grants/>

**STANDARD FORM 424 (REV 7-97) - Application for Federal Assistance**

**STANDARD FORM 424A (REV 7-97) - Budget Information (Non-construction Programs)**

**STANDARD FORM 424B (REV 7-97) - Assurances (Non-construction Programs)**

**STANDARD FORM 424C (REV 7-97) - Budget Information (Construction Programs)**

**STANDARD FORM 424D (REV 7-97) - Assurances (Construction Programs)**

# OBJECT CLASS CATEGORIES WORKSHEET

[NOTE: Please indicate any pre-award costs with a star (\*).]

## a. PERSONNEL

POSITION	NUMBER	SALARY	WORK YEARS	AMOUNT
a. PERSONNEL TOTAL				

## b. FRINGE BENEFITS

BASE	
RATE	X
b. FRINGE BENEFITS TOTAL	

## c. TRAVEL

<p>Explain:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>c. TRAVEL TOTAL:</p>

# OBJECT CLASS CATEGORIES WORKSHEET

**d. EQUIPMENT:** Tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Applicant's definition of equipment may be used provided the definition at least includes all items previously defined above.

ITEM	NUMBER	COST PER UNIT	TOTAL
d. EQUIPMENT TOTAL:			

### e. SUPPLIES

[illegible]

# OBJECT CLASS CATEGORIES WORKSHEET

## f. CONTRACTUAL

List each planned contract or type of service to be procured. Agreements/contracts with other governmental agencies (state, local or Federal) should be listed under category h. OTHER.	
<b>f. CONTRACTUAL TOTAL</b>	

## g. CONSTRUCTION (N/A)

## h. OTHER

Other: Explain by major categories.	

<b>i. TOTAL DIRECT COSTS:</b>	
<b>j. INDIRECT COSTS:</b> (RATE: %)	
<b>k. TOTAL PROPOSED COSTS:</b>	
<b>FEDERAL FUNDS REQUESTED:</b> _____ %  <b>RECIPIENT SHARE OF TOTAL PROPOSED COSTS:</b> _____ %	



## **KEY CONTACTS**

### **AGENCY/ORGANIZATION DIRECTOR**

**(Individual who is authorized to sign the assistance agreement application and award acceptance.)**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

### **PROGRAM/PROJECT DIRECTOR**

**(Technical program director or person responsible for the project as a contact person in Block #5 of the application.)**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

### **FINANCE DIRECTOR**

**(Individual responsible for maintaining the accounting and financial management system supporting expenditures, preparing the financial reports, etc.)**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

# **SUPPLEMENTAL GENERAL INSTRUCTIONS FOR APPLICATION FORMS SF 424A and B**

*Note: Please refer to the instructions for SF-424 on the SF-424 form. Those items not discussed below are considered self-explanatory or adequately covered by the form instructions.*

## **FACE SHEET - SF424**

### **ITEM**

- 7. If a non-profit organization, please indicate your IRS classification. 501(c)(4) organizations which lobby are not eligible for Federal financial assistance.**
- 9. Please insert the name, if applicable, of the EPA person(s) from whom you have received pre-application assistance. This ensures your application will go to the appropriate EPA program office for review.**
- 10. Insert the Catalogue of Federal Domestic Assistance number and title if known. See enclosed list of catalog numbers and titles.**
- 11. A BRIEF description of the project or program. A detailed description is included in the workplan or project narrative.**
- 13. The proposed project period should reflect the amount of time that will be required to complete the ENTIRE scope of work.**
- 14**
  - a. Enter Congressional district numbers where office is located.**
  - b. Enter district(s) affected by the program/project. If every district in State, enter "Statewide."**
- 16. The Intergovernmental Review process is necessary and can delay funding of your application until completed. You should start this process as early as possible but not later than 60 days prior to anticipated award. Contact your State Clearinghouse to determine if an application review is required. You must submit to EPA either a written statement that a review of the application is not required or the Clearinghouse must provide EPA with comments on the application. This review process may take as long as 60 days. See enclosed list of State Points of Contact or alternate instructions. *Tribes are encouraged to comply with the process, but it is not mandatory.***
- 18. The application *must* be signed by the person or entity who has authority to commit the applicant to performance and compliance with the assurances stated in SF 424B and to execute the assistance agreement on behalf of the applicant.**

## **SF-424A - BUDGET INFORMATION**

### **SECTION A**

**COLUMNS a, b, c and d- Not required.**

**COLUMNS e, f, and g - Required**

### **SECTION B - Required**

**Enter the COMBINED Federal and non-Federal funds distributed by object class categories. The total should be the same as that shown on the face sheet (SF 424). "BUDGET CATEGORIES INFORMATION" worksheets are provided for assistance in preparing a detailed budget and the figures entered in 6.a. through 6.k. should come from these sheets. These sheets should be included in your application submittal.**

### **SECTION C**

**Show Sources of Non-Federal Funds. See General Instructions, Item 15.**

### **SECTION D and E - Not required.**

### **SECTION F**

**Line 21 - Enter "See BUDGET CATEGORIES INFORMATION worksheets."**

**Line 22 - Enter indirect cost rate and indirect charges.**

## **SF 424B**

### **ASSURANCES - NON-CONSTRUCTION PROGRAMS**

**Please read the assurances carefully before signing. The required assurances *must* be signed by the official who signed the SF 424 FACE-SHEET.**

## **GRANT PROGRAMS ADMINISTERED BY EPA**

**(Refer to Item #10 of the “Supplemental General Instructions for Application Forms SF424A and B”.)**

The **Catalog of Federal Domestic Assistance** is a government-wide compendium of Federal programs, projects, services, and activities which provide assistance or benefits to the American public. The CFDA contains financial and nonfinancial assistance programs administered by departments and establishments of the Federal government.

Gulf of Mexico Program # = 66.475

For a listing of the assistance programs administered by EPA as contained in the CFDA, please refer to the following web site:

<http://www.epa.gov/ogd/cfda.htm>

# **ATTACHMENT 2**

## **INTERGOVERNMENTAL REVIEW PROCESS** **STATE POINTS OF CONTACT**

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## **INTERGOVERNMENTAL REVIEW PROCESS STATE POINTS OF CONTACT**

**(Refer to Item #16 of the “Supplemental General Instructions for Application Forms SF424A and B”.)**

### **ALABAMA**

#### **BACKGROUND:**

**Executive Order 12372 and EPA's implementing regulations - 40 CFR Part 29, 40 CFR 30.12(c), and 40 CFR 31.11 - require that all interested state, areawide, regional, and local agencies be given the opportunity to review and to comment on proposed Federal assistance within their area(s) of jurisdiction or influence. The regulations also provide for implementation of the requirements of Section 204 of the Demonstration Cities and Metropolitan Development Act of 1966, as amended, which apply to all Federal assistance.**

**EPA cannot award assistance until all interested parties (e.g., State agencies, Planning and Economic Development agencies) have been given the opportunity to review the proposed project and all concerns of these agencies about the proposed project have been satisfactorily disposed of by the applicant.**

**A copy of your application should be submitted to the appropriate agency(ies) listed below for comment at least 60 days before sending your application to EPA. It is not necessary to send an application to all Development Districts and agencies listed but only to those agencies responsible for the area(s) affected or that may be affected by your proposed project. Please include with your application to EPA a copy of all comments received and, if required, an explanation of action taken to accommodate any concerns of the designated agencies.**

#### **PROCEDURES:**

**Applicants for projects in Alabama having *state-wide impact* should submit a copy of their applications to the CENTRAL ALABAMA REGIONAL PLANNING AND DEVELOPMENT COMMISSION (REGION 9) on the list below. They are serving as the State Intergovernmental Review Clearinghouse for these projects. For projects having local impact, applications should be sent to the appropriate Regional Development Commission listed below.**

#### **REGION 1**

##### **NORTHWEST ALABAMA COUNCIL OF LOCAL GOVERNMENTS**

**Mr. Sam Minor, Executive Director**

**P.O. Box 2603**

**103 Student Drive**

**Muscle Shoals**

**AL 35662**

**205/389-0500**

**FAX 205/389-0599**

#### **REGION 2**

##### **WEST ALABAMA PLANNING AND DEVELOPMENT COUNCIL**

**Mr. Robert B. Lake, Executive Director**

**4200 Highway 69 North, Suite 1**

**Northport**

**AL 35473**

**205/333-2990**

**FAX 205/333-2713**

**REGION 3**  
**BIRMINGHAM REGIONAL PLANNING COMMISSION**  
Mr. Larry W. Watts, Executive Director  
2112 Eleventh Avenue, South  
Magnolia Office Park, Suite 220  
Birmingham  
AL 36256

**202/251-8139              FAX 205/328-3304**

**REGION 4**  
**EAST ALABAMA REGIONAL PLANNING AND DEVELOPMENT COMMISSION**  
Mr. Bill Curtis, Executive Director  
P.O. Box 2186  
1130 Quintard Avenue, Suite 300  
Anniston  
AL 36202

**205/237-6741              FAX 205/237-6763**

**REGION 5**  
**SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION**  
Tyson Howard, Executive Director  
5900 Carmichael Place  
Montgomery  
AL 36117

**334/244-6903              FAX 334-270-0038**

**REGION 6**  
**ALABAMA-TOMBIGBEE REGIONAL COMMISSION**  
Mr. John C. Riggs, Executive Director  
107 Broad Street  
Camden  
AL 36726

**334/682-4234              FAX 334/682-4205**

**REGION 7**  
**SOUTHEAST ALABAMA REGIONAL PLANNING & DEVELOPMENT COMMISSION**  
Mr. W. Fred Dykes, Executive Director  
P.O. Box 1406  
462 North Oates Street  
Dothan  
Alabama 36302

**334/794-4093              FAX 334/794-3288**

**REGION 8**  
**SOUTH ALABAMA REGIONAL PLANNING COMMISSION**  
Mr. Russ Wimberly, Executive Director  
P.O. Box 1665  
651 Church Street  
Mobile  
AL 36633

**334/433-6542              FAX 334/433-6009**



**REGION 9**  
**CENTRAL ALABAMA REGIONAL PLANNING & DEVELOPMENT COMMISSION**  
**Ms. Ann B. Harper, Executive Director**  
**125 Washington Avenue, 3<sup>rd</sup> Floor**  
**Montgomery**  
**AL 36104**

**334/262-4300              FAX 334/262-6976**

**REGION 10**  
**LEE-RUSSELL COUNCIL OF GOVERNMENTS**  
**Ms. Suzanne G. Burnette, Executive Director**  
**2207 Gateway Drive**  
**Opelika**  
**AL 36801**

**334/749-5264              FAX 334/749-6582**

**REGION 11**  
**NORTH CENTRAL ALABAMA REGIONAL COUNCIL OF GOVERNMENTS**  
**Mr. C. Ronald Matthews, Executive Director**  
**216 Jackson Street, SE**  
**P.O. Box C**  
**Decatur**  
**AL 35602**

**205/355-4515              FAX 205/351-1380**

**REGION 12**  
**TOP OF ALABAMA REGIONAL COUNCIL OF GOVERNMENTS**  
**Mr. Bob Culver, Executive Director**  
**115 Washington Street, SE**  
**Huntsville**  
**AL 35801**

**205/533-3330              FAX 205/533-3442**

## **FLORIDA**

**Ms. Cherie L. Trainor, Coordinator**  
**Florida State Clearinghouse**  
**Department of Community Affairs**  
**2555 Shumard Oak Boulevard**  
**Tallahassee, FL 32399-2100**

**850/922-5438**

## **LOUISIANA**

**Mr. James P. Antoon**  
**Louisiana Single Point of Contact for USEPA Grants**  
**P. O. Box 82231**  
**Baton Rouge, LA 70884-2231**

**225/765-0733**

## **MISSISSIPPI**

**Ms. Cathy Mallette, Clearinghouse Officer  
Office of Federal Grant Management and Reporting  
Department of Finance and Administration  
303 Walter Schillers Building  
550 High Street  
Jackson, MS 39201**

**601/949-2174**

## **TEXAS**

**Tom C. Adams  
Texas State Single Point of Contact  
Governor's Office of Budget and Planning  
P. O. Box 12488  
Austin, Tx 78711**

**512/463-1771**

## **ATTACHMENT 3**

### **QUALITY ASSURANCE STATEMENT**

**The attached form should be completed and included with your application.**

**Information on QA requirements may be found by accessing the following EPA web site:**

**<http://www.epa.gov/ncerqa/qa>**

**or by contacting the Gulf of Mexico Program Office Quality Assurance Officer**

**Fred Kopfler at (228) 688-2712**

# QUALITY ASSURANCE PLAN

\_\_\_\_\_ **This program/project does not involve environmentally related measurements or data generation; therefore, a Quality Assurance Plan is not required pursuant to the above referenced assistance regulations.**

\_\_\_\_\_ **This program/project involves environmentally related measurements or data generation; therefore a Quality Assurance Plan which meets the requirements of:**

\_\_\_\_\_ **40 CFR 30.54 for Universities and Non-Profit Organizations is attached or will be developed before field work begins; or,**

\_\_\_\_\_ **40 CFR 31.45 for State and Local Governments is attached or will be developed before field work begins.**

\_\_\_\_\_  
**Authorized Representative**

\_\_\_\_\_  
**Date**

## **ATTACHMENT 4**

### **CERTIFICATION ON DEBARMENT AND SUSPENSION**

**This form certifies that you are not included in the “List of Parties Excluded from Federal Procurement of Nonprocurement Programs.” You must also obtain this certification from each contractor or vendor when acquiring goods and services in excess of \$100,000 during the project period of the award.**

**Your Prime Contractors must submit this certification to you for retention in your project file. Subcontractors must submit the certification to their Prime Contractor for retention in the Prime Contractor’s project files.**

# **U.S. Environmental Protection Agency**

## **CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

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Typed Name & Title of Authorized Representative

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Signature of Authorized Representative

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Date

\_\_\_\_\_ I am unable to certify to the above statements. My explanation is attached.

## **ATTACHMENT 5**

### **LOBBYING CERTIFICATION**

**The attached Anti-Lobbying Recipient Certification must be completed and returned if you are requesting \$100,000 or more in federal funds.**

**Please use the Disclosure of Lobbying Activities form (SF-LLL) for reporting Lobbying activities to the EPA pursuant to 31 U.S.C. 1352.**

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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TYPED NAME & TITLE OF AUTHORIZED REPRESENTATIVE

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SIGNATURE OF AUTHORIZED REPRESENTATIVE                      DATE

\_\_\_\_\_ I am unable to certify to the above statements. My explanation is attached.



Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  For material Change Only: year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known.</i>     Congressional District, <i>if known:</i>			<b>5. If Reporting Entity in No. 4 is Subawardee, enter Name and Address of Prime:</b>      Congressional District, <i>if known:</i>		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number, <i>if applicable:</i> _____		
<b>8. Federal Action Number, <i>if known:</i></b>			<b>9. Award Amount, <i>if known:</i></b>  \$		
<b>10. a. Name and Address of Lobbying Registrant (If individual, last name, first name, MI):</b>			<b>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</b>		
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>			<b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No.:</b> _____ <b>Date:</b> _____		
<b>Federal Use Only:</b>					

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 3152. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1<sup>st</sup> tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department Transportation, US Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

# **ATTACHMENT 6**

**COMPLIANCE REPORT - EPA FORM 4700-4**

***This report must be completed and submitted with your application.***

# **COMPLIANCE REPORT - EPA FORM 4700-4**

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**TITLE VI, CIVIL RIGHTS ACT OF 1964**

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**As required by 40 CFR Part 7, all applicants must include a completed EPA Form 4700-4, Pre-award Compliance Review Report, with any/all requests for federal financial assistance. *Grant applications will not be processed if this form is not submitted.* State applicants may submit the form annually with the other required yearly certifications.**

**All applicants must complete roman numerals I through V. Sections VI through IX must be completed if applicable to the assisted program. If any of the information in Sections VI through IX is not relevant to the project or program for which assistance is requested, please enter “NA” for “Not Applicable.” Loan recipients under EPA funded grantee revolving loan programs shall also complete and submit the form to the state agency authorizing the loan. Applicants for the Hardship Grants Program for Rural Communities shall also complete and submit the form to the appropriate State agency.**

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**Any questions relating to these requirements should be directed to the Regional EEO Officer, Rafael Santamaria at 404/562-8312.**

United States Environmental Protection Agency Washington, DC 20460 Preaward Compliance Review Report for All Applicants Requesting Federal Financial Assistance		FORM Approved OMB No. 2090-0014 Expires 4-30-99
<b>Note: Read instructions on reverse side before completing form.</b>		
I. A. Applicant (Name, City, State)	B. Recipient (Name, City, State)	C. EPA Project No.
II. Brief description of proposed project, program or activity.		
III. Are any civil rights lawsuits or complaints pending against applicant and/or recipient? If yes, list those complaints and the disposition of each complaint. <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
IV. Have any civil rights compliance reviews of the applicant and/or recipient been conducted by any Federal agency during the two years prior to this application for activities which would receive EPA assistance? If yes, list those compliance reviews and status of each review. <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
V. Is any other Federal financial assistance being applied for or is any other Federal financial assistance being applied to any portion of this project, program or activity? If yes, list the other Federal Agency(s), describe the associated work and the dollar amount of assistance. <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
VI. If entire community under the applicant's jurisdiction is not served under the existing facilities/services, or will not be served under the proposed plan, give reasons why.		
VII. Population Characteristics		Number of People
1. A. Population of Entire Service Area		
B. Minority Population of Entire Service Area		
2. A. Population Currently Being Served		
B. Minority Population Currently Being Served		
3. A. Population to be Served by Project, Program or Activity		
B. Minority Population to be Served by Project, Program or Activity		
4. A. Population to Remain Without Service		
B. Minority Population to Remain Without Service		
VIII. Will all new facilities or alterations to existing facilities financed by these funds be designed and constructed to be readily accessible to and usable by handicapped persons? If no, explain how a regulatory exception (40 CFR 7.70) applies. <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
IX. Give the schedule for future projects, programs or activities (or of future plans), by which services will be provided to all beneficiaries within applicant's jurisdiction. If there is no schedule, explain why.		
X. I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		
A. Signature of Authorized Official	B. Title of Authorized Official	C. Date
For the U.S. Environmental Protection Agency		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Authorized EPA Official	Date

## Instructions General

Recipients of Federal financial assistance from the U.S. Environmental Protection Agency must comply with the following statutes.

Title VI of the Civil Rights Acts of 1964 provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Act goes on to explain that the title shall not be construed to authorize action with respect to any employment practice of any employer, employment agency, or labor organization (except where the primary objective of the Federal financial assistance is to provide employment).

Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act provides that no person in the United States shall on the ground of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the Federal Water Pollution Control Act, as amended. Employment discrimination on the basis of sex is prohibited in all such programs or activities.

Section 504 of The Rehabilitation Act of 1973 provides that no otherwise qualified handicapped individual shall solely by reason of handicap be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Employment discrimination on the basis of handicap is prohibited in all such programs or activities.

The Age Discrimination Act of 1975 provides that no person on the basis of age shall be excluded from participation under any program or activity receiving Federal financial assistance. Employment discrimination is not covered. Age discrimination in employment is prohibited by the Age Discrimination in Employment Act administered by the Equal Employment Opportunity Commission.

Title IX of the Education Amendments of 1972 provides that no person on the basis of sex shall be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. Employment discrimination on the basis of sex is prohibited in all such education programs or activities. Note: an education program or activity is not limited to only those conducted by a formal institution.

The information on this form is required to enable the U.S. Environmental Protection Agency to determine whether applicants and prospective recipients are developing projects, programs and activities on a nondiscriminatory basis as required by the above statutes.

Submit this form with the original and required copies of applications, requests for extensions, requests for increase of funds, etc. Updates of information are all that are required after the initial application submission.

If any item is not relevant to the project for which assistance is requested, write "NA" for "Not Applicable."

In the event applicant is uncertain about how to answer certain questions, EPA program officials should be contacted for clarification.

EPA FORM 4700-4 (Rev. 1/90) Reverse

## ITEMS

- IA. "Applicant" means any entity that files an application or unsolicited proposal or otherwise requests EPA assistance.
- IB. "Recipient" means any entity, other than applicant, which will actually receive EPA assistance.
- IC. Self-explanatory.
- II. Self-explanatory.
- III. "Civil rights lawsuits" means any lawsuit or complaint alleging discrimination on the basis of race, color, national origin, sex, age, or handicap pending against the applicant and/or entity which actually benefits from the grant. For example, if a city is the named applicant but the grant will actually benefit the Department of Sewage, civil rights lawsuits involving both the city and the Department of Sewage should be listed.
- IV. "Civil rights compliance review" means any review assessing the applicant's and/or recipient's compliance with laws prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap. If any part of the review covered the entity which will actually benefit from the grant, it should be listed.
- V. Self-explanatory.
- VI. The word "community" refers to the area under the applicant's and/or recipient's jurisdiction. The "community" might be a university or laboratory campus, or a community within a large city. If there is significant disparity between minority and nonminority populations to receive service, not otherwise satisfactorily explained, the Regional office may require a map which indicates the minority and nonminority population served by this project, program or activity.
- VII. This information is required so that reviewers may determine if a disparity in the proposed provision of services will exist in the event the application is approved for funding. Give population of recipient's jurisdiction, broken out by categories as specified.

In the event the applicant cannot provide the requested information because the funds will be distributed over a wide demographic area which is yet to be determined, an explanation may be provided on a separate sheet. For example, a State applying for a capitalization grant under the State Revolving Fund program may not know which cities and counties will apply for, and receive, SRF loans.
- VIII. Self-explanatory.
- IX. "Jurisdiction" means the geographical area over which applicant has the authority to provide service.
- X. Self-explanatory.

### "Burden Disclosure Statement"

EPA estimates public reporting burden for the preparation of this form to average 30 minutes per response. This estimate includes the time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

# **ATTACHMENT 7**

## **DISADVANTAGED BUSINESS ENTERPRISE (DBE) DEVELOPMENT PLAN**

**You must include a fair share objective for the utilization of minority (MBE) and women's (WBE) business enterprises in procurement under EPA assistance agreements. These objectives must be based on negotiations prior to award of any assistance agreement. Please read the attached guidance and contact the DBE coordinator for your state as shown below for further information:**

**Brenda Banks - 404/562-8420 - KY, NC, SC, and TN**

**Dorothy Dimsdale - 404/562-8398 - AL, FL, GA, and MS**

## **DISADVANTAGED BUSINESS ENTERPRISE FAIR SHARE COMMITMENT**

**EPA's policy is that recipients of Federal assistance award a fair share of procurement actions to disadvantaged business enterprises (DBEs), including historically black colleges and universities (HBCUs). These fair share objectives must be based on availability of qualified minority businesses enterprises (MBEs) and women's business enterprises (WBEs) to do work in the relevant market for procurement activities for four separate categories, i.e., construction, equipment, and services. Please indicate below whether you chose to use the State negotiated rates as your fair share objective or to develop your own rates based on availability in your market area. The Region 4 state rates are attached. For rates outside Region 4 or for questions concerning the rates, please call Brenda Banks at 404/562-8420 or Dorothy Dimsdale at 404/562-8398.**

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\_\_\_\_\_ chooses

(Name of applicant)

**to use the State negotiated rates for procurement activities funded by any EPA agreement as follows:**

	<b>MBE</b>	<b>WBE</b>
<b>Construction</b>		
<b>Equipment</b>		
<b>Services</b>		
<b>Supplies</b>		
<b>Consolidated goal</b>		

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\_\_\_\_\_ chooses

(Name of applicant)

**to conduct an availability analysis of the relevant market area and submit the package to EPA for negotiation prior to any procurement activity funded by an assistance agreement.**

### **APPLICANT'S CONTACT FOR DBE ISSUES:**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_



## **REGION 4 MBE/WBE NEGOTIATED RATES**

### **ALABAMA**

<b>Supplies (commodities)</b>	<b>2%</b>	<b>MBE and 2.6% WBE</b>
<b>Services (contractual)</b>	<b>4%</b>	<b>MBE and 4.9% WBE</b>
<b>Equipment</b>	<b>3.3%</b>	<b>MBE and 3.3% WBE</b>
<b>Construction</b>	<b>3.1%</b>	<b>MBE and 2.4% WBE</b>

### **FLORIDA**

<b>SRF Construction (both SRF)</b>	<b>11%</b>	<b>MBE and 3% WBE</b>
<b>A &amp; E Services:</b>	<b>10%</b>	<b>MBE and 15% WBE</b>
<b>Commodities:</b>	<b>7%</b>	<b>MBE and 17% WBE</b>
<b>Contractual:</b>	<b>14%</b>	<b>MBE and 36% WBE</b>
<b>Construction: (non SRF)</b>	<b>10%</b>	<b>MBE and 11% WBE</b>

### **MISSISSIPPI**

<b>SRF Construction</b>		
<b>Drinking Water:</b>	<b>2.9%</b>	<b>MBE and 0.64% WBE</b>
<b>Clean Water:</b>	<b>5.9%</b>	<b>MBE and 1.6% WBE</b>
<b>Equipment:</b>	<b>3.7%</b>	<b>MBE and 3.0% WBE</b>
<b>Commodities: (supplies)</b>	<b>1.1%</b>	<b>MBE and 1.8% WBE</b>
<b>Contractual: (services)</b>	<b>1.7%</b>	<b>MBE and 2.3% WBE</b>

# **ATTACHMENT 8**

## **REGULATIONS AND OMB CIRCULARS**

# **REGULATIONS AND OMB CIRCULARS**

The general grant regulations and OMB Circulars listed below apply to *all* EPA assistance programs. (NOTE: General Administrative Regulations and Cost Principles *apply by type of organization*, e.g. State Agency, non-profit, etc.) Compliance is a recipient responsibility; accordingly, applicants/recipients should read and follow these documents. EPA will provide assistance, if needed, in interpretation and compliance with these documents. Additional regulations for specific EPA programs (e.g. 40 CFR Parts 35, 39, 45, 47) may also apply to the work for which funding is requested. Contact your EPA program representative or Project Officer for details.

These documents may be accessed electronically at the following Internet address:

<http://www.epa.gov/ogd/regs.htm>

Hard copies are available upon request. Contact a Grants Specialist for further information.

## **GENERAL GRANT REGULATIONS:**

### **40 CFR -**

- PART 7 - NON-DISCRIMINATION IN PROGRAMS RECEIVING  
FEDERAL ASSISTANCE FROM EPA (1990)**
- PART 29 - INTERGOVERNMENTAL REVIEW OF EPA PROGRAMS AND ACTIVITIES**
- PART 30 - GRANTS AND AGREEMENTS WITH INSTITUTIONS OF HIGHER EDUCATION,  
HOSPITALS, AND OTHER NON-PROFIT ORGANIZATIONS (1996)**
- PART 31 - UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND  
COOPERATIVE AGREEMENTS TO STATE AND LOCAL GOVERNMENTS (1995)**
- PART 32 - GOVERNMENT-WIDE DEBARMENT AND SUSPENSION (NON-PROCUREMENT)  
AND GOVERNMENT-WIDE REQUIREMENTS FOR DRUG-FREE WORKPLACE;  
CLEAN AIR ACT AND CLEAN WATER ACT INELIGIBILITY OF FACILITIES IN  
PERFORMANCE OF FEDERAL CONTRACTS, GRANTS, AND LOANS (1996)**
- PART 34 - NEW RESTRICTION ON LOBBYING (1995)**

## **PROGRAM SPECIFIC GRANT REGULATIONS:**

### **40 CFR -**

- PART 35 - STATE AND LOCAL ASSISTANCE (1995)**
  - SUBPART A - CONTINUING ENVIRONMENTAL PROGRAMS**
  - SUBPART C - CONSTRUCTION OF WASTEWATER  
TREATMENT WORKS**
  - SUBPART D - REIMBURSEMENT GRANTS**
  - SUBPART E - CONSTRUCTION OF TREATMENT WORKS, CWA**
  - SUBPART H - FRESHWATER LAKES**

**SUBPART I - CONSTRUCTION OF TREATMENT WORKS**  
**SUBPART J - DELEGATION OF CONSTRUCTION GRANTS PROGRAM**  
**SUBPART K - STATE REVOLVING FUNDS, CWA**  
**SUBPART M - SUPERFUND TECHNICAL ASSISTANCE**  
**SUBPART O - SUPERFUND RESPONSE ACTIONS**  
**SUBPART P - NATIONAL ESTUARY PROGRAM**

**PART 39 - LOAN GUARANTEES FOR CONSTRUCTION OF TREATMENT WORKS (1995)**  
**PART 45 - TRAINING ASSISTANCE (1995)**  
**PART 47 - NATIONAL ENVIRONMENTAL EDUCATION ACT GRANTS (1995)**

## **OMB CIRCULARS**

**A-21 - COST PRINCIPLES FOR EDUCATIONAL INSTITUTIONS**  
**A-87 - COST PRINCIPLES FOR STATE, LOCAL AND TRIBAL GOVERNMENTS**  
**A-122 - COST PRINCIPLES FOR NON-PROFIT ORGANIZATIONS**  
**A-133 - AUDIT REQUIREMENTS - ALL APPLICANTS**